



DOWNTOWN CHATTANOOGA
910 GEORGIA AVE
CHATTANOOGA, TN 37402-2228
(800) 275-8777

12/08/2021 04:25 PM

Product	Qty	Unit	Price
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Prepaid Mail	1		\$0.00
San Francisco, CA 94104			
Weight: 0 lb 0.40 oz			
Acceptance Date: Wed 12/08/2021			
Tracking #: 7018068000097570583			

Grand Total: \$0.00

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7018 0680 0000 9757 0583

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OFFICIAL USE

Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____

Postmark
He 19
DEC - 8 2021

Sent To	
Street and Apt. No. or PO Box No.	ESSENCE Internet Services
City, State, ZIP+4 [®]	160 Montgomery Street Suite 150 San Francisco CA 94104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

EASTERN DISTRICT OF TENNESSEE
OFFICE OF CLERK
UNITED STATES DISTRICT COURT
900 GEORGIA AVENUE, ROOM 309
CHATTANOOGA, TENNESSEE 37402

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

Escrow Internet Services
180 Montgomery Street
Suite 650
San Francisco, CA 94104

neopost
12/08/2021
USPS
\$07.33
ZIP 37402
04111218266

7018 0680 0000 9757 0583

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Certified Mail Fee		\$
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
Here

Sent To	Escrow Internet Services
Street and Apt. No. or PO Box No.	180 Montgomery Street Suite 650
City, State, ZIP+4	San Francisco CA 94104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

Escrow Internet Services
180 Montgomery Street
Suite 650
San Francisco, California 94104



9590 9402 2757 6351 1858 02

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt